

ACADEMIC ALERT FORM

Date: _____ Class.section: _____

Instructor: _____ Phone: _____

Instructions: For each student you wish follow-up on, please complete his/her name, student identification number, and place a check or X in all columns that apply, whether your concerns are about attendance, academics, or both. Add any notes in the "Comments" section.

Thank you for supporting OUR students' success!

Name, ID#	Attendance		Academics		Office Use Only		
	Has never attended	Poor or sporadic attendance	Low class average	Has not submitted assignments	First semester student	Probation? AV block?	Financial Aid? Probation?
	Comments:						
	Comments:						
	Comments:						
	Comments:						
	Comments:						
	Comments:						

Please submit this form to Dr. Sharon L. Blackman, DCCCD Educational Affairs by October 24, 2008